



RECEIVED
CENTRAL FAX CENTER
MAY 12 2005

10001 Six Pines Dr • The Woodlands, TX • 77380 • P.O. Box 4910 • The Woodlands, TX • 77387 • www.cpcchem.com

LAW DEPARTMENT FACSIMILE COVER SHEET

Page 1 of 5/10

To: USPTO

Facsimile: 703-872-9306
Telephone:

From: Kim Gregg, IP Paralegal

Telephone: 832-813-4642
Facsimile: 832-813-1804
Time Sent: 3:52 PM

Date: May 12, 2005

Re:

In re Application of:

Cai, et. al.

Serial No.: 09/664,993

Filed: September 18, 2000

For: Oxygen Scavengers with Reduced
Oxidation products for Use in Rigid
Beverage and Food Containers

Group Art Unit: 1772

Examiner: Sandra M. Nolan-Rayford

Atty. Docket: 09/127316US1

RECEIVED
MAY 13 2005
OIP/E/JCWS

Please call Kim Gregg at 832-813-4642 if all pages are not received.

CONFIDENTIALITY NOTICE

This facsimile contains privileged and confidential information intended for the use of the addressee(s). If you are not the intended recipient of this facsimile or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the above facsimile and all copies to us at the above address via the U.S. Postal Service.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 260.00**Complete if Known**

| | |
|----------------------|-------------------------|
| Application Number | 09/664,993 |
| Filing Date | 9/18/00 |
| First Named Inventor | Cai, et. al |
| Examiner Name | Sandra M. Nolan-Rayford |
| Art Unit | 1772 |
| Attorney Docket No. | 09/127316US1 |

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-1629 Deposit Account Name: Chevron Phillips Chemical Company, LP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|-----------------|----------------------|

| | | |
|--------------|---|---|
| - 20 or HP = | x | = |
|--------------|---|---|

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|----------------------|---------------------|-----------------|----------------------|

| | | |
|-------------|---|---|
| - 3 or HP = | x | = |
|-------------|---|---|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|---|-----------------|----------------------|

| | | | |
|---------|--------|--------------------------------|---|
| - 100 = | / 50 = | (round up to a whole number) x | = |
|---------|--------|--------------------------------|---|

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2 Terminal Disclaimer Fees

Fees Paid (\$)

260.00

SUBMITTED BY

| | | |
|---|---|------------------------|
| Signature  | Registration No. 45,038 (Attorney/Agent) | Telephone 832-813-4339 |
| Name (Print/Type) K. KaRan Reed | Date 5/12/05 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

MAY 12 2005

09/127316US01
09/664,993
Art Unit: 1772**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Cai et al.
Serial Number 09/664,993
Filed September 18, 2000
Examiner Sandra M. Nolan-Rayford
Group Art Unit 1772
For: OXYGEN SCAVENGERS WITH REDUCED OXIDATION
PRODUCTS FOR USE IN RIGID BEVERAGE AND FOOD
CONTAINERS

RESPONSE TO OFFICE ACTION DATED FEBRUARY 14, 2005**MAIL STOP AMENDMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**CERTIFICATE OF FACSIMILE
37 C.F.R. § 1.6(d)**

I hereby certify that this paper is being facsimile transmitted to Mail Stop
Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450, facsimile number 1-703-872-9206, on May 12, 2005


Kim Gregg

Sir:

This paper is submitted in response to the Non-Final Office Action dated February 14, 2005, for which the three-month date for response is May 14, 2005.

The Applicants believe that no fee is due for filing this Office Action Response. If any fee under 37 C.F.R. § § 1.16 to 1.21 is required for any reason, or should an overpayment be included herein, the Commissioner authorized to deduct or credit the fee from or to Deposit Account 50-1629.

Listing of the Claims begins on page 2 of this document.

Remarks/Arguments begin on page 6 of this document.